

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution: St. John's Hospital  
 (d) Length of stay: In hospital or institution 9 days  
 In this community 16 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (d) Street No. 719 Moffet  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BERTHA K. SERAGE  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Harold Sorage  
 6. (c) Age of husband or wife If alive 38 years  
 7. Birth date of deceased Dec. 25 1903

8. AGE: Years 36 Months 0 Days 25  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Orange, Missouri

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Will Geer

13. Birthplace Missouri

14. Maiden name Myrtle Daniels

15. Birthplace Illinois

16. (a) Informant's own signature Harold Sorage

(b) Address 719 Moffet, Joplin, Mo.

17. (a) Burial (b) Date thereof 1-22-40

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Thorndell Nelson

(b) Address Joplin, Missouri

19. (a) 1-22-40 (b) Ed S. Jarney

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th  
 year 1940 hour 2 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from 1-5-40 to 1940  
 that I last saw her alive on Jan. 19th and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus  
 Due to Thrombosis Pulvis Vein

Due to Infection following Dr. S. P. Abbott  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 140  
 Of operations \_\_\_\_\_  
 Of autopsy

Duration Immediate  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_  
 23. Signature Ed S. Jarney (M. D. or other) \_\_\_\_\_  
 Address Joplin, Mo. Date signed 1-20-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 11811

RECEIVED

District Health Officer No. 6,  
District File Number 240-563  
Date Filed EEB 1 5 1940

JUL 1 1952

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Don Tetrak  
Licensed Embalmer No. 4008  
P. O. Address Goplin, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.